In the Claims

Claim 1 (Previously Presented): A method of reducing delays in blood pressure control in an individual comprising:

a) genotyping:

1) the β_1 adrenergic receptor (β_1AR) of said individual at codon 49, wherein the presence of the Ser49 phenotype is indicative of a likely response to said beta-blocker medication;

2) the β_1 adrenergic receptor (β_1AR) of said individual at codon 389, wherein the presence of the Arg389 phenotype is indicative of a likely response to said beta-blocker medication; or

3) the β_1 adrenergic receptor (β_1AR)) of said individual at codons 49 and 389, wherein the presence of the Ser49 and Arg389 phenotype is indicative of a likely response to said beta-blocker medication; and

b) providing, on the basis of the observed phenotype, an appropriate anti-hypertensive agent, wherein beta blocker medications are prescribed to an individual having a Ser49 phenotype, Arg389 phenotype, or a Ser49/Arg389 phenotype and wherein patients lacking a Ser49 phenotype, Arg389 phenotype, or a Ser49 and Arg389 phenotype are prescribed alternative non-beta blocker antihypertensive medications.

Claim 2 (Previously Presented): The method according to claim 1, wherein said beta blocker medication is selected from the group consisting of acebutolol, atenolol, betaxolol, bisoprolol, esmolol, metoprolol, long-acting metoprolol, carteolol, nadolol, penbutolol, pindolol, propranolol, long-acting propranolol, sotalol, timolol, labetalol, salts thereof, and combinations thereof.

Claim 3 (New): A method of treating hypertension comprising the steps of:

a) genotyping the β_1 adrenergic receptor (β_1AR) of an individual at codons 49 and 389; and

b) prescribing a beta-blocker medication to said individual when the individual is homozygous for the Ser49 phenotype or has a Ser49/Arg 389 phenotype.

Claim 4 (New): The method according to claim 3, wherein said individual is homozygous for the Ser49 phenotype.

Claim 5 (New): The method according to claim 3, wherein said individual is homozygous for the Ser49/Arg 389 phenotype.